



FORM PTO-1083  
AUG 10 2005

Attorney Docket No. 89277.0024  
Customer No. 26021

DRW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application:

Takehisa KATSURA

Serial No: 10/810,351

Confirmation No: 8249

Filed: March 26, 2004

For: Body Frame for Motorcycle

Art Unit: 3611

Examiner: Lum Vannucci, Lee Sin Yee

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:	
Mail Stop Amendment	
Commissioner for Patents	
P.O. Box 1450	
Alexandria, VA 22313-1450, on	
August 8, 2005	
Date of Deposit	Juanita Soberanis
Name	<i>Juanita Soberanis</i>
Signature	08/08/05
Date	

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- Response to Restriction Requirement.
- Return Postcard.
- No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	**	0	LG=\$50 SM=\$25	\$50
INDEPENDENT CLAIMS FEE	3	-	3	***	0	LG=\$200 SM=\$100	\$200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
						<b>TOTAL</b>	<b>\$ 0</b>

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:   
Troy M. Schmelzer  
Registration No. 36,667  
Attorney for Applicant(s)

Date: August 8, 2005

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PATENT  
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Signature Date

**RESPONSE TO RESTRICTION REQUIREMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the office action dated July 11, 2005 setting forth a restriction requirement, applicant elects for prosecution the invention of Group I, claims 1-19, drawn to a motorcycle body frame, without traverse. Any fees due with this response may be charged to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By: 

Troy M. Schmelzer  
Registration No. 36,667  
Attorney for Applicant(s)

Date: August 8, 2005

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